Application for Funeral Home Name Change

_____
Date

New name of the Funeral Home:

_____

Current (old) name of the Funeral Home:

_____

Business mailing address:

_____

Business phone number: _____ Fax number: _____

Owner: _____ License No: _____
Signature

Manager, Funeral Director _____ License No: _____

Manager, Embalmer _____ License No: _____

_____ Current establishment license number.

_____ New establishment license number.

(To be completed by the office.)

Please enclose a check or money order for $25.00. Submit completed form and fee to the Board address listed below.

Kentucky Board of Embalmers & Funeral Directors
9114 Leesgate Road Suite 4
Louisville, KY 40222